

**EARLY MENTAL HEALTH INITIATIVE
FY 2009-10 PROGRAM BUDGET**

PROJECT COORDINATOR NAME:

TELEPHONE NUMBER:

FAX NUMBER:

LIST SCHOOL SITES:

LEA NAME:

BILLING ADDRESS:

NUMBER OF SCHOOL SITES:

BUDGET CATEGORY	GRANT REQUEST	LEA MATCH	OTHER MATCH	TOTAL
PERSONNEL (IDENTIFY POSITION)				
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11 TOTAL PERSONNEL				
OPERATING EXPENSES & EQUIPMENT (OE&E)				
12 Materials & Supplies				
13 Space (Maximum 25% of Grant Request)				
14 Equipment				
15 Travel				
16 Training				
17 Insurance				
18 Admin. Costs (Up to 5% of Grant Request)				
19 Other				
20 TOTAL OE&E				
21 TOTAL PERSONNEL AND OE&E				
22 DATA COLLECTION / EVALUATION				
23 TOTAL BUDGET / ALLOCATION	\$	\$	\$	\$